Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

		SN	SMALL ENTITY			OTHER	THAN					
			(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS								RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBI	NUMBER EXTRA		ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			9 minus 3 =]		* ^	^		X42=		OR	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	,
* If the difference in column 1 is less than zero, enter "0" in col-						olumn 2	-	TOTAL		OR	TOTAL	834
	CLAIMS AS AMENDED - PART II										OTHER	THAN
		(Column 1)		(Colur		(Column 3)	5	SMALL E	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	=		X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	
										OR	TOTAL ADDIT. FEE	
/ ADDIT. FEE OTT ADDIT. FEE (Column 1) (Column 2) (Column 3)												
<u> </u>		CLAIMS		HIGH	EST	(Coldinii o)			ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	·	=		X42=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un		
+140=										OR	+280=	
	TOTAL ADDIT. FEE									OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	ÆST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	i	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus			=		X42=		ΩD	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
** If the entry in column 1 is less than the entry in column 2, while 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		ımber Previously P nber Previously Pa							propriate box			